MINUTES

UTAH
DIRECT ENTRY MIDWIFE
ADMINISTRATIVE RULES ADVISORY
COMMITTEE

July 9, 2008

Room 474 – 4th Floor –3:00 p.m.
Heber Wells Building
Salt Lake City, UT 84111

CONVENED: 3:12 p.m. **ADJOURNED:** 5:05 p.m.

Bureau Manager: Laura Poe
Secretary: Shirlene Kimball

Conducting: Laura Poe, Bureau Manager

Committee Members Present:
Holly Richardson, LDEM
Heather Johnston, LDEM
Suzanne Smith, LDEM
Stephen Lamb, MD
Catherine Wheeler, MD
Deborah Ellis, CNM

Guests:
Krista Black, LDEM Board member
Vivian Giles, LDEM Board member
Heidi Sylvester, mother
Briana Blackwelder, midwife
Cathy Larson, LDEM
Hannah Scharf, general public
Hailey Scharf, general public
Michelle Scharf, mother
Pam Udy, Vbac Moms, Cesarean Awareness Network
Cathy O'Bryant, Utah Midwives Association
Heather Farley, general public
Sarah Parene, general public
Laura Lund, mother
Shannon Barnes, mother
Heather Shelly, mother
Michelle McOmber, UMA
Katie Cameron, general public
Annette Mahler, UT ACOG
Elaine Augustine, general public
Anne Kuntz, DEM
Angie Blacket, DEM

Tara Bitter, DEM student

TOPICS FOR DISCUSSION	DECISIONS AND RECOMMENDATIONS
ADMINISTRATIVE BUSINESS:	
Introduction and Swearing in of Committee members:	Ms. Poe introduced Committee members and Division staff. Ms. Poe administered the Oath of Office to all Committee members.
Selection of Co-Chairs:	The Statute requires the Division director appoint one of the three licensed Direct-entry midwives and one of the non-Direct-entry midwife members to serve as co-chairs of the committee. Mr. Stanley indicated he will support the recommendation from the Committee. Ms. Richardson nominated Suzanne Smith. Ms. Johnston nominated Deborah Ellis. There were no other nominations. Both Ms. Smith and Ms. Ellis accepted the nomination. All Committee members in favor. Ms. Poe will continue to conduct this meeting and Ms. Ellis will conduct the next meeting.
Open and Public meeting training:	Ms. Poe presented the Open and Public meeting training which is required for new Committee/Board members and on an annual basis for all established Committees and Boards.
DISCUSSION ITEMS:	
Meeting Schedule:	Committee members determined meetings would be held the 1st Thursday of the month, from 3:00 p.m. to 5:00 p.m. beginning in September. The scheduled meeting dates are September 4, 2008; October 2, 2008; and November 6, 2008 from 3:00 p.m. until 5:00 p.m. Ms. Poe indicted notices will be sent by e-mail at least one week prior to the meeting. She also reported that this Committee will not receive compensation.
Review 58-77 Direct-Entry Midwife Act changes:	Ms. Poe indicated current rules conflict with the Statute changes. Ms. Poe indicated the Committees role is to make the Statute and Rules compatible and to arrive at a consensus regarding what needs to be placed in Rule. The Statute change added one more bucket or category, mandatory consultation, and made some changes in mandatory transfer and waiver transfer categories.

Ms. Poe indicated Section 58-77-601(2)(b) is where the authority to recommend and facilitate consultation with, collaboration with, referral to, or transfer or mandatory transfer of care to a licensed health care professional when the circumstances requires that action. Ms. Poe indicated this was the authority by which the Licensed Direct Entry Midwife Board and original rules Committee developed the four buckets/categories (consultation, collaboration, referral and transfer) were established. The waiveable bucket was established under the authority in 58-77-601(3)(b) which allows a patient to sign a waiver for continued care if she chooses after being informed she has the need for a medical consultation, collaboration, referral or transfer of care. The Statute change added language that is very specific for mandatory consultation.

Ms. Smith indicated mandatory consultation doesn't prohibit the midwife from continuing care. It is silent and only requires mandatory consultation with a physician. Dr. Wheeler stated she disagrees and does not feel that was the intent of the legislation. Ms. Smith stated it is not the consulting provider who decides to continue care. Dr. Lamb questioned whether or not consultation has been defined. Ms. Richardson indicated consultation has been defined, but mandatory consultation has not.

Ms. Poe submitted a proposed rule draft for review. She indicated she made the changes according to the Statute. The strike-through reflects the rules that no longer apply and need to be eliminated. The underlined sections were added due to the Statute changes.

07-03-2008 Draft:
No changes under (1) Consultation, (2) Collaborate or (3) Refer.

Changes under (4) transfer: add confirmed breech presentation prior to 36 weeks gestation, after 36 weeks gestation requires mandatory consultation. Eliminate twins; two previous c-sections and gestation greater than 43 weeks.

Ms. Smith stated she disagreed with having the confirmed breech presentation prior to 36 weeks gestation transferred. Dr. Wheeler stated there may be other problems with the breech and feels breech should be transferred prior to 36 weeks of gestation. This will be added to the list of discussion items.

Changes under (5) mandatory transfer: Eliminate diagnosed partial placenta previa at week 36, or complete placenta previa at 32 weeks and add placenta previa after 27 weeks of gestation. Eliminated mono amniotic multiple gestation and added diagnosed deep vein thrombosis or pulmonary embolism. Eliminate twin to twin transfusion syndrome and add multiple gestation. Eliminate three or more previous c-sections and add no onset of labor after 43 completed weeks of gestation. Eliminate higher order (greater than two) multiple gestations and add more than two prior c-sections; prior c-section with a known classical or inverted T or J Incision; prior c-section without an ultrasound that rules out placental implantation over the uterine scar; prior c-section without a signed informed consent document detailing the risks of vaginal birth after caesarean and prior c-section with a gestation greater than 42 weeks. In (xiv) eliminate must be transferred, add: could place the life or long-term health of the pregnant woman or unborn child at risk. In this section also add: fetus in breech presentation during labor unless delivery is imminent; undiagnosed multiple gestation, unless delivery is imminent; prior c-section with cervical dilation progress in the current labor of less than one centimeter in three hours once labor is active; non-reassuring fetal heart pattern indicative of fetal distress that does not immediately respond to treatment by the LDEM; moderate thick, or particulate meconium in the amniotic fluid unless delivery is imminent; failure to deliver after three hours of pushing unless delivery is imminent; any other condition in the judgment of the LDEM that would place the life or long-term health of the pregnant woman or unborn child at significant risk if not acted upon immediately.

Dr. Lamb indicated the section regarding c-sections

and types of incisions does not mention all high risk incisions. Do the rules need to clarify these? Ms. Poe indicated the rules could clarify if the Committee thinks it is appropriate. Dr. Lamb also stated he would like further discussion regarding insulin dependent diabetic and also hypertension. He stated he would like the Committee to consider moving these concerns to mandatory transfer. Ms. Poe indicated this would be placed on the list for further discussion.

Add (5) Mandatory consultation:
Added: miscarriage after 14 weeks; failure to deliver by 42 completed weeks of gestation; a fetus in the breech position after 36 weeks of gestation; any sign or symptom of placenta previa or deep vein thrombosis or pulmonary embolus or any other condition or symptom that may place the health of the pregnant woman or unborn child at unreasonable risk.

Elizabeth Smith, Licensed DEM indicated she practices in the St. George area and there are no physicians who will accept a transfer from midwife. It is a problem if there is no one to consult with and she requested that the rules be as minimal as possible and let the parents make the decisions. Ms. Poe indicated mandatory consultation is not a debatable issue because the Legislature has said there will be mandatory consultation for these issues. One member of the public indicated there should be an informed refusal along with the informed consent.

Ms. Poe indicated as the Committee identifies other issues, those can be discussed and placed in the mandatory consult bucket if deemed appropriate. Ms. Richardson stated we can't add every possible condition, and should rely upon the judgment of the LDEM.

Ms. Poe indicated she will make the suggested changes and additions and send them out for review. The next step will be to look at the statute changes to make sure the rules are consistent with those changes and to review the discussion items or parking lot issues. If there are any questions on an issue, then the literature will need to be reviewed. Ms. Johnston

stated sometime there is only the standard of care. Ms. Poe stated the Statute indicates we should look at the evidence, however, this doesn't exclude reviewing standards of care, but if the standards of care are contrary, the evidence would prevail.

Dr. Wheeler stated she would like to revisit high risk vaginal birth after VBAC.

Ms. Poe indicated the parking lot list for discussion includes: 1. Hypertension. 2. Breech. 3. What happens if the LDEM can not find a physician for consultation. 4. Types of incisions. 5. Heart rate. 6. Informed refusal. 7. Common germane medical conditions such as insulin dependent diabetes and high risk vaginal birth after VBAC.

Next meeting: The next meeting will be held September 4, 2008 and Ms. Ellis will conduct the meeting.

Note: These minutes are not intended to be a verbatim transcript but are intended to record the significant features of the business conducted in this meeting. Discussed items are not necessarily shown in the chronological order they occurred.

September 4, 2008
Date Approved

(ss) Suzanne Smith
Suzanne Smith, Co-chair Direct Entry Midwife Administrative Rules Committee

September 4, 2008
Date Approved

(ss) Deborah Ellis
Deborah Ellis, CNM, Co-chair Direct Entry Midwife Administrative Rules Committee

September 4, 2008
Date Approved

(ss) Laura Poe
Laura Poe, Bureau Manager, Division of Occupational & Professional Licensing